MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUN 29 1937

File No. 21268

1. PLACE OF DEATH
County St. Louis — Registration District No. 785
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 67
City Kirkwood, Mo. (No. Brooklyn St. R. R. 12 St. 2 Ward)

2. FULL NAME Emma B. Aselman
(a) Residence, No. Brooklyn St. R. R. 12 St., 1 Ward. Kirkwood, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William Aselman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	5	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER
13. NAME Fred Ude Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Unfried
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm. Aselman
(ADDRESS) Brooklyn St R.R. 12 Kirkwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE June 1, 1937

19. UNDERTAKER Louis H. Popp
(ADDRESS) Kirkwood, Mo.

20. FILED 5-29, 1937 Agnes Kelly, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from March 12th, 1936, to May 29th, 1937.
I last saw her alive on May 28th, 1937. Death is said to have occurred on the date stated above, at 5:30a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	March 1936
Anasarca	Feb 1937

Other contributory causes of importance:

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Henry J. Dieckmann, M. D.
(Address) 124 E. Adams Kirkwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

X9314